WHENLER	14 1949	THE DIVISION OF H STANDARD CERT		ATLI .	e File No		544
BIRTH NO.		REG. DIST. NO.3/7.		. NO. 6076 Reg			
1. PLACE OF DEA	TH		2. USUAL RESI	DENCE (Where deceased	lived. If instit	ution: re	nidence b
a. COUNTY St	• Louis	· · · · · · · · · · · · · · · · · · ·	_ <u> 1115</u>	nois	Madiso		45
b. CITY (If outside cor OR TOWN Je:		URAL and give c. LENGTH O STAY (in this pla rracks, Mo. 139 dy		orporate limits, write RURAL lfrey	and give townsh	ıip)	17
d. FULL NAME OF (I	(If not in hospital or in	attitution, give street address or location dministration Host	d. STREET ADDRESS	(If rural, give location)		-	2
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	PHTLTP	TOTAL	DIIGIDIAT ME	OF DEATH	1	11	Ъ9
	COLOR OR RACE	JOHN 7. MARRIED, NEVER MARRIED.	BUCKHOLT2	9. AGE (In ye			UNDER 14
/ P		WIDOWED, DIVORCED (Specify	10/22/91	last birthday) Months 1	Dаув Н	Lours M
Male (/	White	Divorced 5		1 5 (, 1.	2 (1717	ENCE
10a. USUAL OCCUPATIO done during most of working		10b. KIND OF BUSINESS OR IN DUSTR	N- 11. BIRTHPLACE (84 Y	te or foreign country)	/ ['	COUNT	EN OF WI
Laborer		l	Belltrees			US/	4
13a. FATHER'S NAME		136. MOTHER'S MAID	EN NAME	14. NAME OF HUSBA	ND OR WIFE		
Charles H	Ruckholtz	Barbara	Wagner	none			
15. WAS DECEASED EVE	ER IN U.S. ARMED F	ORCES? 16. SOCIAL SECURIT	17. INFORMANT	"S SIGNATURE OR OLAN AH, Jefferson	NAME	A	DDRES
Yes, no, or unknown) (If	f yee, give war or dates : WW—T	of service) Unknown	A TROGRAM IN N	OLAN AH. Jefferson	Rampad	ks Ma	٠.
18, CAUSE OF DEATH	4445— I	MEDICAL	CERTIFICATION	An, belletson		INTERV	AL BETW
Enter only one cause per	ABUSE OF DEATH ONSET A ONSET A						
line for (a), (b), and (c)	DIRECTLY LEADI	ING TO DEATH (a) CARCLIN	OMATOSIS			Unkr	TOWIT
*This does not mean	ANTECEDENT CA	AUSES					
the mode of dying, such	Morbid conditions, if any, giving DUE TO (b) CARCINOID THMOR OF SMALL INTESTINE Unknown rise to the above cause (a) stating the underlying cause last					Unkr	10MJ
as heart failure, asthenia,							
		DUE TO (c)		<i>c</i> 6			
etc. It means the dis-	I	OTHER SIGNIFICANT CONDITIONS					
etc. It means the dis- ease, injury, or complica-	II. OTHER SIGNIF	FICANT CONDITIONS		صلا جالما			
etc. It means the dis- ease, injury, or complica- tion which caused death.			CHEXTA	46		Unkr	ıown
ctc. It means the dis- ease, injury, or complica- tion which caused death.	Conditions contrib	nuting to the death but not se or condition causing death. CA	CHEXIA	46	**	Unkr	10WI TOPSY7
etc. It means the dis- ease, injury, or complica-	Conditions contrib		CHEXIA	46	72	20. AU	TOPSY7
ctc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION None	Conditions contrib related to the disea 19b. MAJOR FINE	nuting to the death but not see or condition causing death. CA		46 P	Y/L	20. AU	TOPSY7
etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION None	Conditions contrib	nuting to the death but not se or condition causing death. CA	est 21c. (CITY, TOWN, O	R TOWNSHIP)	COUNTY)	20. AU	TOPSY7
etc. It means the disease, injury, or compileation which caused death. 19a. DATE OF OPERATION NOTICE 21a. ACCIDENT SUICIDE HOMICIDE NOT 21d. TIME (Month) OF. (Month)	Conditions contrib related to the disea. 19b. MAJOR FINE (Specity) (Specity) (Oby) (Year) (nuting to the death but not see or condition causing death. CADINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition of the	21c. (CITY, TOWN, O	RY OCCUR?		20. AUT YES (S	TOPSY7 NO STATE)
etc. It means the discuss, injury, or compilea- tion which caused death. 19a. DATE OF OPERA- TION NOTICE 21a. ACCIDENT SUICIDE HOMICIDE NOT 21d. TIME (Month) OF. INJURY 22. I hereby certify i	Conditions contrib related to the disea. 19b. MAJOR FINE (Specity) (Specity) (Oby) (Year) (that I attended t	nuting to the death but not se or condition causing death. CA DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition causing death. 21b. PLACE OF INJURY (e.g., in or about the condition of t	21c. (CITY, TOWN, O	ay occur?	that I last	YES (S	TOPSYT NO STATE)
etc. It means the disease, injury, or compileation which caused death. 19a. DATE OF OPERATION NONE 21a. ACCIDENT SUICIDE HOMICIDE NOT 21d. TIME (Month) OF. INJURY 22. I hereby certify it alive on Lant	Conditions contrib related to the disea. 19b. MAJOR FINE (Specity) (Specity) (Oby) (Year) (that I attended t	nuting to the death but not se or condition causing death. CA DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition of the	21c. (CITY, TOWN, O	ay occur?	that I last	YES (S	TOPSY7 X NO STATE)
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ctc. It means the disease, injury, or compileration which caused death. 19a. DATE OF OPERATION NONE 21a. ACCIDENT SUICIDE HOMICIDE NOT 21d. TIME (Month) OF. INJURY 22. I hereby certify is alive on Jani 23a. SIGNATURE	Conditions contrib related to the disea. 19b. MAJOR FINE (Specity) (Day) (Year) (that I attended to UATY 111914	nuting to the death but not se or condition causing death. CA DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition causing death. 21b. PLACE OF INJURY (e.g., in or about the condition of t	21c. (CITY. TOWN, O 21f. HOW DID INJUI 25, 19 18, to 1 11, 359n., from 25b. ADDRESS VAH, Jeffer ERY OR CREMATORY Cemetery	anuary 1,119 119 the causes and on the rson Barracks, 1 246, LOCATION (City, to Jefferson Ba	that I last date stated to . own, or count	saw the above. 23c. DA 1/1 YES (S	TOPSY7 NO STATE) The decement of the decemen
etc. It means the disease, injury, or compileation which caused death. 19a. DATE OF OPERATION NOTICE 21a. ACCIDENT SUICIDE NOT 21d. TIME (Month) OF. (Month) OF. (Month) 22a. SIGNATURE L. E. STII 24a. BURIAL CREMA	Conditions contriberelated to the disease 19b. MAJOR FINE (Specity) (Specity) (Day) (Year) (that I attended to the disease	nuting to the death but not se or condition causing death. CA DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition causing death. CA DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about the condition of the condition	21c. (CITY. TOWN, O 21f. HOW DID INJUI 25, 19 18, to 1 11, 359n., from 25b. ADDRESS VAH, Jeffer ERY OR CREMATORY Cemetery	anuary 1,119 119 the causes and on the courses and control Barracks, 1 246. LOCATION (Oity, t	that I last date stated to . own, or count	20. AU YES (S saw th above. 23c. DA 1/1	TOPSY7 X NO STATE)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is reco	led on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No.
working under my personal supervision.	
	
Student Student Embalmer	Signed Harn Selsen rehe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this, body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)